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**INSTRUCTIONS FOR THE
UST FACILITY REGISTRATION FORM**

GENERAL INSTRUCTIONS. ALL SECTIONS SHALL BE COMPLETED TO BE ACCEPTED BY THE CABINET. IF THIS FORM IS NOT COMPLETE, THE ORIGINAL REGISTRATION FORM WILL BE RETURNED TO THE OWNER FOR CORRECTIONS. The form shall be typed or printed legibly in black or blue ink. If you have any questions about any section of this form, contact the cabinet at 502-564-5981. **IMPORTANT NOTE:** This registration form supercedes all previously submitted registration forms for the UST facility. Be sure to include all information for every activity at the UST facility, even if this information was previously submitted on previous registration forms. For any future changes in information, an amended registration form shall be submitted within thirty (30) calendar days of changes and within ninety (90) calendar days for temporary closure.

I. GENERAL INFORMATION

Agency Interest Number: Enter Agency Interest number (if this form is being used to register a new UST facility, a new agency interest number will be assigned by the cabinet and a letter will be sent to the owner).

Number of Regulated USTs: List the number of regulated UST systems located at this UST facility.

Type of Registration: Check the appropriate box for all that applies for this registration form for this UST facility. Check the appropriate box for the applicable registration. Note: If the UST facility has been previously registered do not check the "New UST Facility" box.

II. UST FACILITY INFORMATION

UST Facility Name: Enter name under which business and/or UST facility is currently operating.

Physical Location: Enter **EXACT** street address including street number and/or the highway number where tanks are physically located. DO NOT USE A POST OFFICE BOX, ROUTE NUMBER OR MAILING ADDRESS.

City, County, Zip: Enter the city, county, and zip code where UST system is located. If in a rural location, use the city or town that is used for the UST system location mailing address.

Telephone: Enter area code and telephone number used at the UST facility where the UST system is located.

Fax Number: Enter area code and fax number used at the UST facility where UST system is located.

Type of UST Facility: Check the appropriate box for the type of UST facility. If the owner is a government entity, please specify city, county, state, federal, etc.

On-Site Contact Person: Enter the contact person at the UST facility that would be responsible for this UST system's day-to-day operation.

E-mail Address: Enter electronic mail address, if applicable, for site contact person at the UST system location.

III. UST SYSTEM OWNER INFORMATION

Type of UST System Owner: Check the appropriate box that applies for the current UST system owner.

Owner Name: Enter owner name (corporation, individual, public agency, or other entity). If the owner of the UST facility is a corporation or other legal entity, record the full legal name of the corporation as registered with the Kentucky Secretary of State's Office.

Owner Mailing Address: Enter current owner mailing address including city, state and zip code.

Telephone: Enter area code and telephone number of current UST system owner.

Fax Number: Enter area code and fax number of current UST system owner.

E-Mail Address: Enter electronic mail address, if applicable, for current owner.

Owner's Authorized Representative: List the name and telephone number of the person that is authorized to make decisions on behalf of the owner. This is especially important if the owner is a corporation.

Telephone: Enter area code and telephone number of the owner's authorized representative.

List Date Person Became Owner: Enter date the UST system was acquired by current owner.

UST Facility Photo Attached: Check this box if a photo of the exterior of the UST facility is attached. The attached photo should be one that would permit easy identification of the UST facility by cabinet personnel or field inspectors. The registration form will not be rejected if a UST facility photo is not attached.

Previous Owner: Enter the name of the previous owner of the UST system.

Previous Owner Mailing Address: Enter previous owner mailing address including city, state and zip code.

Location of Records: Check the appropriate box that specifies where the UST system records are located and maintained.

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Contact: Enter name of contact person for UST system records.
Address: Enter mailing address for records custodian contact, including city, state, and zip code.
Telephone: Enter area code and telephone number of records custodian.
Fax Number: Enter area code and fax number of records custodian.

IV. PROPERTY OWNER INFORMATION

This block of the registration form does not have to be completed if it is the same as the current UST system owner. If applicable, please check the "Check Here If Same As Owner" block.

If property owner is different from current UST system owner, complete this block as follows:

Property Owner Name: Enter property owner name.
Property Owner Address: Enter mailing address for property owner including city, state, and zip code.
Telephone: Enter area code and telephone number of property owner.
Fax Number: Enter area code and fax number of property owner.
E-mail Address: Enter electronic mail address, if applicable, for property owner.

V. UST SYSTEM OPERATOR INFORMATION

UST system operator information shall be entered for the person in control of, or having responsibility for, the daily operation of the UST system. The operator's authorized representative shall be able to answer questions regarding the UST system in the absence of the operator.

This block of the registration form does not have to be completed if it is the same as the current UST system owner. If applicable, please check the "Check Here If Same As Owner" block.

If operator is different from current UST system owner, complete this block as follows:

Operator Name: Enter operator's name. Do not list employees of operator.
Operator Address: Enter mailing address for operator including city, state, and zip code.
Telephone: Enter area code and telephone number of operator.
List Date Person Became Operator: Enter date the person listed became the operator of the UST system at this site.
Fax Number: Enter area code and fax number of operator.
E-mail Address: Enter electronic mail address, if applicable, for operator.
Operators Authorized Representative: List the name of the person that is authorized to make decisions on behalf of the operator. This is especially important if the operator is a corporation.
Telephone Number: Enter area code and telephone of operator's authorized representative.

VI. UST SYSTEM HISTORY / IDENTIFICATION / DESCRIPTION

Tank ID Number: Enter the UST system numbers for new UST systems only. When completing this form for a previously registered UST system, refer to the previous registration form or call the cabinet to find out what numbers have been assigned to the tank system. If there are more than four (4) UST systems located at this UST facility, make copies of pages 2 and 3 of this form and attach to this form for the additional UST systems.

Current/Last Substance Stored: Enter current substance stored for each UST system using the list on the form. All substances previously stored in each UST system are also required to be listed. Enter size of each tank in gallons. If compartmentalized, list all compartment sizes and substances stored in each compartment. If the UST system contains a Hazardous Substance, include the Chemical Abstract Service (CAS) number for the Hazardous Substance stored. A Hazardous Substance UST system means a UST system that contains a Hazardous Substance identified in Section 101(14) of CERCLA (but not including any substance regulated as a hazardous waste under 401 KAR Chapters 31 through 39), or contains a mixture of this type of hazardous substance and petroleum, and is not a petroleum UST system.

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Currently In Use: Mark one box indicating the current status of the UST system.
 Date of Tank Installation: Enter the month/day/year that each UST system was installed.
 Date of Piping Installation: Enter the month/day/year the piping was installed for each UST system.

Complete the following fields only if applicable to the UST facility:

Temporarily Closed: Enter the month/day/year each UST system was temporarily closed. Mark appropriate box. The UST system is empty when no more than one inch of product/residue, or 0.3 percent by weight of the total capacity of the UST system, remains in the UST system.
 Date Tanks Last Contained Product: Enter the month/day/year each tank last contained product.
 Date Tanks Were Closed in Place: Enter the month/day/year each tank was closed in place and what inert material was used to fill up the tank.
 Date Piping was Removed/Closed In Place: Circle one option and enter month/day/year.
 Date Tanks Were Removed: Enter the month/day/year each tank was removed from the ground.

VII. FINANCIAL RESPONSIBILITY

The owner and operator are required to list the total number of owned or operating UST systems. If owner and operator are the same only complete information under number of owned UST systems.

Mark appropriate boxes "X" next to owner and/or operator for all methods and levels of financial responsibility applicable to this UST facility. Either the owner or the operator or both (if both are applying to PSTEAF) shall indicate that adequate financial assurance has been obtained for the UST facility in the event of an accidental release of petroleum products from the UST systems.

Owner/Operator Applying for PSTEAF for this UST facility: For applicants applying to PSTEAF for this UST facility, mark this box and complete the PSTEAF Deductibles section. (PSTEAF – Petroleum Storage Tank Environmental Assurance Fund) Owners/operators shall apply separately for each UST facility owned or operated. Mark the box beside owner or operator to indicate which one is applying for PSTEAF. Both boxes may be marked since both owners and operators are eligible to participate in the PSTEAF. However, only one may apply for assistance if a release occurs from the UST systems.

Owner/Operator is in the PSTEAF for this UST facility: If owner/operator is currently participating in PSTEAF for this UST facility, mark this box and choose appropriate account. (FRA – Financial Responsibility Account; and PSTA - Petroleum Storage Tank Account).

Owner/Operator has a Guarantee, Surety Bond, Or Letter of Credit: If guarantee, surety bond, or letter of credit is marked, attach a copy of documentation.

Owner/Operator has Self-Insurance: If self-insurance is marked, attach a copy of the financial test of self-insurance.

Owner/Operator has Private Insurance: If private insurance is marked, list name of insurer and policy number; attach a copy of the policy or certificate of insurance.

Owner/Operator has Other (attach): If Other is chosen, attach a copy of documentation in a form acceptable to the Cabinet that is reasonable and economically practicable. The Cabinet will determine if this documentation can be used as a method of financial responsibility.

Level of Responsibility: Mark appropriate box "X" indicating the amount of per-occurrence coverage applicable to the owner or operator of the UST facility.

NOTE: If the owner or operator owns or operates more than 100 UST systems they are required to have \$2,000,000 in third party liability coverage. If applying to PSTEAF the coverage is limited to \$1,000,000 and the owner or operator is required to obtain additional coverage for the difference.

PSTEAF DEDUCTIBLES

Complete this portion of the registration form only if applying to PSTEAF or making changes to the deductibles section.

Based on the total number of tanks owned or operated, mark appropriate box "X" under yes or no for each question. This section defines the deductible assessed by the cabinet for corrective action activities and the deductible assessed for third party liability claims in accordance with 401 KAR 42:250.

VIII. COMPLIANCE CHECK WITH UST REQUIREMENTS

This section requires the UST system owner to self-certify compliance with the UST regulations in the following four (4) areas:

Registration:	Mark appropriate box "X" under yes or no.
UST Facility Fees:	Mark appropriate box "X" under yes or no.
Financial Assurance:	Mark appropriate box "X" under yes or no.
Technical Standards:	Mark appropriate box "X" under yes or no.

PLEASE NOTE: WHETHER A UST FACILITY IS IN FACT IN COMPLIANCE WITH REGULATORY REQUIREMENTS WILL BE DETERMINED BY THE CABINET.

IX. UST SYSTEM OWNER SIGNATURE

Read carefully, sign, date and have notarized. This portion shall be signed by the current owner of the UST system. ALL REGISTRATIONS SHALL INCLUDE THIS NOTARIZED SIGNATURE TO BE COMPLETE. The date of the notary public's signature and the date of the owner's signature shall be the same. Copied or stamped signatures are not acceptable. Space is provided for the official seal of the notary public, but the seal is optional.

NOTE: If individual signing the form on behalf of a corporation is other than the president or secretary of the corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)

X. UST SYSTEM OPERATOR SIGNATURE

Read carefully, sign, date and have notarized. This portion shall be signed by the current operator of the UST system. ALL REGISTRATIONS SHALL INCLUDE THIS NOTARIZED SIGNATURE TO BE COMPLETE. The date of the notary public's signature and the date of the operator's signature shall be the same. Copied or stamped signatures are not acceptable. Space is provided for the official seal of the notary public, but the seal is optional.

NOTE: If individual signing the form on behalf of a corporation is other than the president or secretary of the corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)

UST FACILITY REGISTRATION FORM

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, 2nd FLOOR FRANKFORT, KENTUCKY 40601 502-564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY

I. GENERAL INFORMATION

AGENCY INTEREST NUMBER:	NUMBER OF REGULATED UST SYSTEMS AT THIS UST FACILITY:
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TYPE OF REGISTRATION

- ☐ New UST at Existing UST Facility
 ☐ New UST Facility
 ☐ New Piping at Existing UST Facility
 ☐ Change in Leak Detection
☐ Change in UST System Status
 ☐ Change in Owner/Operator
 ☐ Temporarily Closed UST System
 ☐ Other (specify)

II. UST FACILITY INFORMATION

UST FACILITY NAME:			TYPE OF UST FACILITY: <input type="checkbox"/> Retail Trade <input type="checkbox"/> Bulk Plant <input type="checkbox"/> Industry/Factory <input type="checkbox"/> Airport Government : <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Other (specify):		
PHYSICAL LOCATION:					
CITY:	COUNTY:	ZIP CODE:			
TELEPHONE NUMBER:		FAX NUMBER:	ON-SITE CONTACT PERSON:		E-MAIL ADDRESS:

III. UST SYSTEM OWNER INFORMATION

TYPE OF UST SYSTEM OWNER: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Other (specify)			PREVIOUS OWNER:		
UST FACILITY OWNER NAME:			MAILING ADDRESS:		
OWNER MAILING ADDRESS:			CITY:	STATE:	ZIP CODE:
CITY:	STATE:	ZIP CODE:	UST FACILITY RECORDS		
			LOCATION OF RECORDS: <input type="checkbox"/> At UST Facility <input type="checkbox"/> Offsite		CONTACT PERSON:
TELEPHONE:		FAX NUMBER:	ADDRESS:		
E-MAIL ADDRESS (If applicable):			CITY:	STATE:	ZIP CODE:
OWNER'S AUTHORIZED REPRESENTATIVE:		TELEPHONE NUMBER:	TELEPHONE NUMBER:	FAX NUMBER:	

DATE PERSON BECAME OWNER:	UST FACILITY PHOTO ATTACHED <input type="checkbox"/>	V. UST SYSTEM OPERATOR INFORMATION			
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IV. PROPERTY OWNER INFORMATION			<input type="checkbox"/> CHECK HERE IF SAME AS OWNER OPERATOR NAME:		
<input type="checkbox"/> CHECK HERE IF SAME AS OWNER	PROPERTY OWNER NAME:		MAILING ADDRESS:		
PROPERTY OWNER ADDRESS:			CITY:	STATE:	ZIP CODE:
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:	DATE PERSON BECAME OPERATOR:	
TELEPHONE NUMBER:		FAX NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	
E-MAIL ADDRESS:			OPERATOR'S AUTHORIZED REPRESENTATIVE:		TELEPHONE NUMBER:

****FOR DETAILS ON HOW TO FILL OUT THIS FORM, PLEASE READ THE ATTACHED INSTRUCTION SHEET****

IMPORTANT: The information in the following sections regarding the UST system(s) at this UST facility shall be properly completed in sufficient detail to support registration. UST owners and operators are encouraged to examine their UST records and/or consult with their UST equipment installers, service technicians, and/or insurance providers to ensure that this information is accurate and complete.

VI. UST SYSTEM HISTORY / IDENTIFICATION / DESCRIPTION

TANK ID NUMBER (e.g., 1, 2, etc.) Photocopy pgs 2 and 3 if more than 4 active tanks are present at UST facility.	Tank #:	Tank #:	Tank #:	Tank #:
CURRENT / LAST SUBSTANCE STORED	Substance	Gallons	Substance	Gallons
UNL – Reg. Unlead Gas PLS – Plus Unlead Gas				
PRM – Premium Gas DSL – Diesel				
KER – Kerosene UOL – Used Oil				
NOL – New Oil JET – Jet fuel				
HAZ SUB – CAS # OTH - Other (specify)				
(If compartmentalized, list compartment sizes and substances stored)				
CURRENTLY IN USE	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF TANK INSTALLATION (Month/day/year)				
DATE OF PIPING INSTALLATION (Month/day/year)				
TEMPORARILY CLOSED (Month/day/year) Less than 1" of product/residue? If greater than 1", leak detection maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE TANKS LAST CONTAINED PRODUCT (Month/day/year)				
DATE TANKS WERE CLOSED IN PLACE (Month/day/year) Specify type of inert material used to fill tank.				
DATE PIPING WAS CLOSED/REMOVED (CIRCLE ONE) (Month/day/year)				
DATE TANKS WERE REMOVED				

VII. FINANCIAL RESPONSIBILITY

(Mark Owner, Operator or both for the box that applies to the appropriate entity)

OWNER OWNS UST SYSTEMS OPERATOR OPERATES UST SYSTEMS

OWNER AND/OR OPERATOR MEETS THE FINANCIAL RESPONSIBILITY REQUIREMENTS IN ACCORDANCE WITH 401 KAR 42:090:

- ☐ OWNER ☐ OPERATOR IS APPLYING FOR PSTEAF FOR THIS FACILITY
- ☐ OWNER ☐ OPERATOR IS IN THE PSTEAF FOR THIS FACILITY
- ☐ FRA ☐ PSTA
- ☐ OWNER ☐ OPERATOR HAS A GUARANTEE, SURETY BOND, OR LETTER OF CREDIT (attach)
- ☐ OWNER ☐ OPERATOR HAS SELF-INSURANCE
- ☐ OWNER ☐ OPERATOR HAS PRIVATE INSURANCE
- INSURER: POLICY #:
- ☐ OWNER ☐ OPERATOR HAS OTHER (attach)

PSTEAF DEDUCTIBLES (Complete ONLY if applying for PSTEAF for this facility)

	YES	NO
<input type="checkbox"/> Owner <input type="checkbox"/> Operator owns and/or operates five (5) or fewer petroleum storage tanks and has the ability to meet the \$500 deductible for corrective action AND Owner and/or Operator has the ability to meet the \$500 deductible for third party liability in accordance with 401 KAR 42:250.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Owner <input type="checkbox"/> Operator owns and/or operates six (6) to ten (10) petroleum storage tanks and has the ability to meet the deductibles of \$2,500 for corrective action AND Owner and/or Operator has the ability to meet the \$2,500 deductible for third party liability in accordance with 401 KAR 42:250.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Owner <input type="checkbox"/> Operator owns and/or operates eleven (11) or more petroleum storage tanks and has the ability to meet the deductibles of \$12,500 for corrective action AND Owner and/or Operator has the ability to meet the \$12,500 deductible for third party liability in accordance with 401 KAR 42:250.	<input type="checkbox"/>	<input type="checkbox"/>

VIII. COMPLIANCE CHECK WITH UST REQUIREMENTS		YES	NO
REGISTRATION	• For regulated UST systems at the UST facility, is the registration information filed with KDEP pursuant to 401 KAR 42:020 (including information in this filing) complete, accurate, and up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
UST FACILITY FEES	• For regulated UST systems at the UST facility, have all Underground Storage Tank annual registration fees billed to date been paid in full pursuant to 401 KAR 42:200?	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL ASSURANCE	• For regulated UST systems at the UST facility, does financial assurance coverage meet cabinet requirements, as described in 401 KAR 42:090 for corrective action and third party coverage in the event of a petroleum release from these UST systems?	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL STANDARDS	• For regulated UST systems at the UST facility, are all in compliance with technical standards, as described in 401 KAR 42:020 and 030 (relating to Corrosion Protection), 401 KAR 42:040 (relating to Release Detection), and 401 KAR 42:020 and 030 (relating to Spill and Overfill Prevention and Control)?	<input type="checkbox"/>	<input type="checkbox"/>
<p>*NOTE* WHETHER A UST FACILITY IS IN FACT IN COMPLIANCE WITH REGULATORY REQUIREMENTS WILL BE DETERMINED BY THE DIVISION OF WASTE MANAGEMENT</p>			

IX. UST SYSTEM OWNER SIGNATURE

I hereby certify under penalty of law that I am the (mark one): ☐ Owner ☐ Legally-authorized representative of the owner AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THIS NOTIFICATION FORM IS SUFFICIENT EVIDENCE TO ESTABLISH OWNERSHIP OF THE UNDERGROUND STORAGE TANK SYSTEM FOR PURPOSES OF KRS 224.60-105 THROUGH KRS 224.60-160 AND TITLES 401 OF THE KENTUCKY ADMINISTRATIVE REGULATIONS.

**NOTE* If individual signing this other than the president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)*

PRINTED NAME OF OWNER (or Authorized Representative):

TITLE:

SIGNATURE OF OWNER (Or Authorized Representative):

DATE:

_____/_____/____

Subscribed and sworn to before me by:

This the: day of:

Notary Public:

Commission State at Large: OR County:

My commission expires:

SEAL OPTIONAL

X. UST SYSTEM OPERATOR SIGNATURE

I hereby certify under penalty of law that I am the (mark one): ☐ Owner ☐ Legally-authorized representative of the owner AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THIS NOTIFICATION FORM IS SUFFICIENT EVIDENCE TO ESTABLISH THAT I AM THE OPERATOR OF THE UNDERGROUND STORAGE TANK SYSTEM FOR PURPOSES OF KRS 224.60-105 THROUGH KRS 224.60-160 AND TITLES 401 OF THE KENTUCKY ADMINISTRATIVE REGULATIONS.

**NOTE* If individual signing this other than the president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants individual the legal authority to represent the company. (Does not apply to single proprietorship or partnership)*

PRINTED NAME OF OPERATOR (or Authorized Representative):

TITLE:

SIGNATURE OF OPERATOR (Or Authorized Representative):

DATE:

_____/_____/____

Subscribed and sworn to before me by:

This the: day of:

Notary Public:

Commission State at Large: OR County:

My commission expires:

SEAL OPTIONAL

If you have questions on how to fill out this form or to request a review of the facility records, please contact the USTB at 502-564-5981 or visit our Web site at <http://waste.ky.gov/ust>.

****RETAIN A COPY OF THIS FORM FOR YOUR RECORDS****